State of New Jersey
DEPARTMENT OF THE TREASURY
UNCLAIMED PROPERTY
PO Box 214
Trenton, New Jersey 08695-0214

Phone (609) 984-5214
FAX # (609) 984-0593

UNCLAIMED PROPERTY REPORT - HOLDER INFORMATION

Holder's Federal Employer Tax ID No: _____   Property Abandoned as of: June 30, _____

Business code:_____   December 31, _____

Holder Name:_____

Agent Name:_____

Holder Address:_____

City, State, Zip Code:_____

State of Incorporation:_____ or State of Incorporation of the Intermediary:_____

Report Contact:_____   Phone Number: (_____) _____

Report Contact E-mail Address:_____

Mailing Address:_____

If this report includes property held by subsidiary companies, list the names and Federal Tax ID numbers of those companies:

_____

_____

List the name(s) and Federal Tax ID number(s) of all previous holders of the property if you are a successor. If you have changed your name during the time in which you held the property, list the prior name(s) and Federal Tax ID Number(s):

_____

_____

☐ **Magnetic Media**   ☐ **Paper Report UP-2**

REPORT TOTAL CASH	SECURITIES	NUMBER OF ITEMS	NUMBER OF PAGES / MEDIA
$_____	_____	_____	_____

PLEASE FILL THIS SECTION OUT COMPLETELY

SECURITIES:

Are All Splits Included   ☐ YES   ☐ NO   Dates_____

Explanation:_____

Are All Spinoffs Included   ☐ YES   ☐ NO   Dates_____

Explanation:_____

Is the issue remitted the same as the issue in the owner's possession? . . . . ☐ YES   ☐ NO

CERTIFICATION:

I hereby certify that this report was prepared on _____and is a true and accurate statement of all unclaimed property held as of the close of the report cycle, updated for appropriate interest/income/dividends to the date of this report. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment according to law.

Signature: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY

Report Status: _____   Remitted: Cash $_____

Securities: _____

☐ HOLDER ADDED . . . . Date: _____   Employee: _____

☐ REPORT ADDED . . . . Date: _____   Employee: _____

☐ REPORT VERIFIED . . . . Date: _____   Employee: _____

☐ OWNERS ADDED . . . . Date: _____   Employee: _____

☐ OWNERS VERIFIED . . . . Date: _____   Employee: _____

COMMENT:_____

JOBS RUN:_____   Date: _____

Funds: ☐ Personal   ☐ County Deposit   ☐ Child Support   ☐ RTC

☐ Personal Property   ☐ Life Insurance   ☐ Audit